

From: HHS Secretary (HHS/IOS)
Sent: 7 Feb 2017 21:15:44 +0000
To: Cochran, Norris (HHS/ASFR); Robinson, Wilma (HHS/IOS); Stannard, Paula (HHS/IOS); Leggitt, Lance (HHS/IOS); Flick, Heather (HHS/IOS); Clark, Timothy (HHS/IOS); Schaefer, Nina (HHS/IOS); Wynne, Maggie (HHS/IOS); Collins, Francis (NIH/OD) [E]; Tabak, Lawrence (NIH/OD) [E]; Hawkins, Jamar (HHS/OS); Moore, Hannah (OS/IOS); Grove, Matthew R. (HHS/OS); Hallett, Adrienne (NIH/OD) [E]; Powers, Mary (HHS/IOS); Davis, Jeffrey (HHS/OGC)
Cc: Zebley, Kyle (HHS/IOS); Pilato, Anna (HHS/IOS)
Subject: NIH Briefing for New Policy Team [MATERIALS ATTACHED]
Attachments: PACT Briefing 2-7-2017.pptx, PACT summary NIH 2-7-2017 for HHS.docx, FOAs in queue 2-6-17_rev.xlsx, 2017-02-06_Pending FOAs as of 020617_Final_rev.docx, Final signed DoA 21st Century Cures_Clinical Trials Registry_sent.pdf, 2017-02-08_Beachhead Team Meeting Agenda.docx

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Agenda

- Delegation of Authority for Clinical Trials Registry
- Upcoming PACT Meeting on 2/10/17
- Follow-up on Actions Sent for Beachhead Team Review/Approval
 - Will be provided in the meeting
- Follow-up from 2/3/17 Meeting with Beachhead Team
- Questions/Issues from the Beachhead Team

NIH Participants

Dr. Francis Collins
Dr. Larry Tabak
Dr. Michael Lauer
Dr. Tara Schwetz
Dr. Rebecca Baker

Purpose: Continuation meeting with new Policy Team. Please be sure to bring anything urgent regarding the Paper Work Reduction (PRA) to this meeting. Contact Dr. Wilma Robinson should you have any questions.

Call in number:

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Passcode (b)(6)

Participants:

Norris Cochran
Paula Stannard
Heather Flick
Lance Leggitt
Nina Schaefer
Wilma Robinson
Timothy Clark
Maggie Wynne
Dr. Francis Collins
Dr. Larry Tabak

[illegible]

**HHS Briefing
February 10, 2017**



Partnership for Accelerating Cancer Therapies (PACT)

- Partnerships with private sector for successful development of new therapies for cancer
Modeled on NIH's successful Accelerating Medicines Partnership (AMP)
Planned public-private partnership between NIH, FDA, private sector, foundations, and cancer advocacy organizations
Potential focus areas
Identify, validate effective molecular indicators of disease (biomarkers) for response and resistance to cancer therapies – especially immunotherapies
Establish uniform approach (platform) for selecting, testing combination therapies

Potential Benefits of Immunotherapy and Combination Therapies for Cancer

- Some cancer patients successfully treated by immunotherapyLung cancer, melanoma, certain cancers of the bloodSubstantial investment by NIH and private sectorIntensely competitive R&D environmentExcitement about new breakthroughs Newfound understanding: most successful treatments for cancer will be combinations

Needs for Immunotherapy and Combination Therapies for Cancer

Hundreds of existing trials: + Large number of potential combinations to be tested+ Biomarkers to predict and understand patient outcomes+ Robust, standardized assays+ Reproducibility of data across trials= Fill knowledge gaps and efficiently use research resourcesA systematic effort to develop and share biomarker and related clinical data to support clinical testing of combination therapies – PACT

PACT: Design Phase

Initial design effort (6 months) led by Foundation for the NIH – with 42 scientists from NIH (NCI), FDA, and **14 companies**:

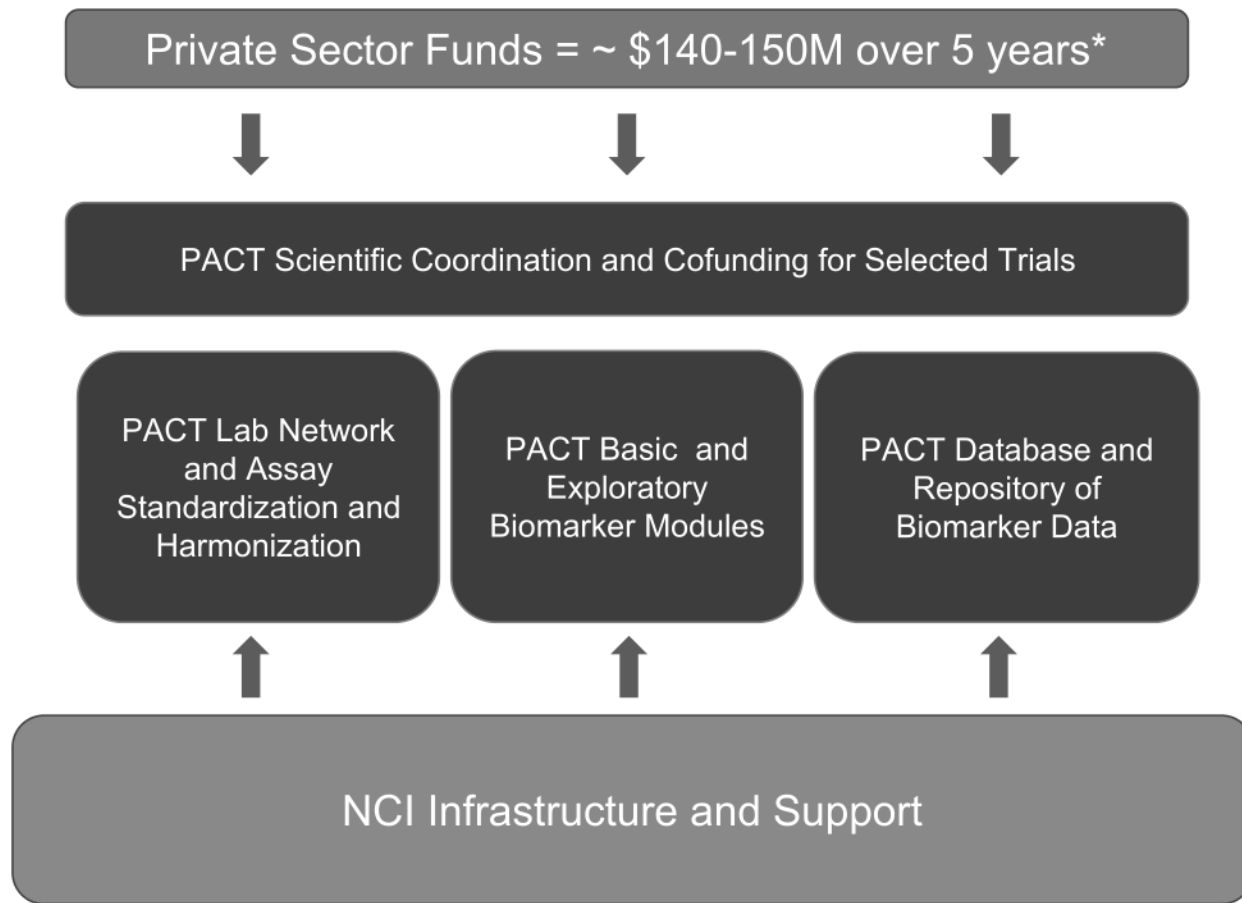
- AbbVieAmgenAstraZenecaBayerBoehringer-IngelheimBMSEMD
Serono
- GenentechGSKLillyMerck
NovartisPfizerTakeda

PACT: Initial Focus on Two Programs

Program Area 1: Robust and systematic testing of biomarkers to better understand the response and resistance to immunotherapy combinations, and to guide treatment strategies
Establish network of 3-5 core laboratories to study biomarker assays
Fund development of new exploratory biomarkers and assays of high relevance to the field
Incorporate biomarker modules into prioritized trials
Create comprehensive database integrating biomarker and clinical data

PACT: Initial Focus on Two Programs (*cont.*)

Program Area 2: Identify clinical combination therapy trials and key biomarkers, and co-fund key, high-relevance trials with partners
Create, maintain “landscape analysis” of combination therapy trials, biomarkers
Select, co-fund high relevance combination trials not already being performed by other entities, leveraging existing trial networks
Facilitate information sharing by all stakeholders to:
Coordinate clinical/translational oncology programs
Align investigative approaches
Enable the most relevant trials to be conducted
Includes ongoing, active outreach to other research efforts



*PACT total investment = ~\$240M - \$250M over five years**

**initial estimate; to be confirmed*

PACT Value for Partners and the Research Community

- ☑ Access to: Standardized immune biomarkers modules – enabling a systematic approach across trials
Standardized, harmonized assay platforms, procedures, best practices
Biomarker analyses – to accelerate hypothesis testing
Clinical trial landscape analyses
Opportunities to initiate high relevance trials with PACT co-funding
Data and insights to support regulatory decision-making
More systematic approach to I/O + combinations across the field
Mechanism to share insights and resources with other Moonshot and I/O collaborations

PACT Synergies with NIH Cancer Moonshot Initiatives

- Cancer immunotherapy translational trials network
Therapeutic target identification to overcome drug resistance
A national cancer data ecosystem for sharing and analysis
Generation of human tumor atlases
Development of new enabling cancer technologies

PACT: Next Steps (2017)

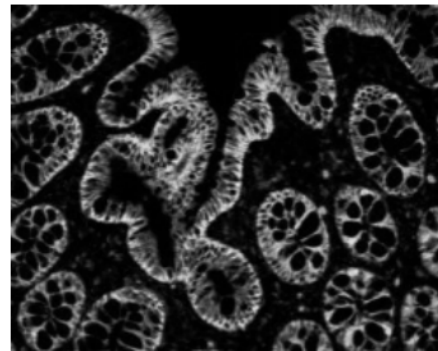
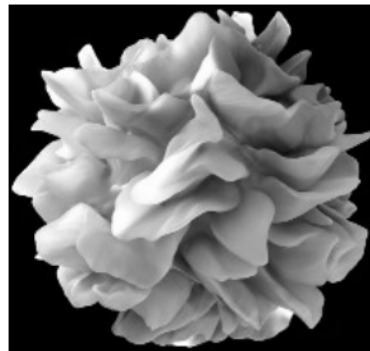
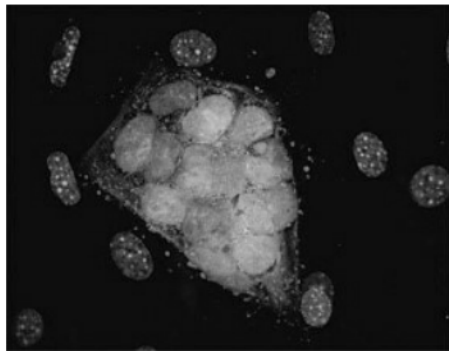
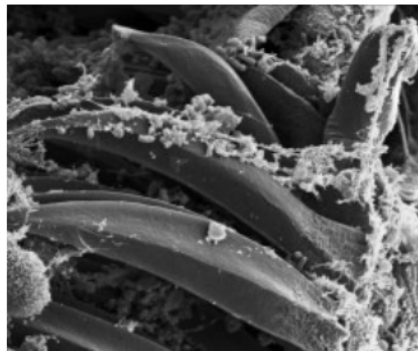
- *February: finalize budget and white paper, distribute for review February–March: outreach to potential collaborators Patient organizations, non-profits, other companies, professional and standards organizations, etc. March–June: partners identified and funds pledged via FNIH June: launch 3rd Quarter: develop detailed research plan with committed partners*



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directorsblog.nih.gov

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Partnership for Accelerating Cancer Therapies (PACT)

February 7, 2017

Executive Summary

Problem: New approaches to treating cancer, in particular immunotherapies, have resulted in dramatic responses in certain cases – but resistance in others. Development and standardization of biomarkers to explore the therapeutic mechanism and predict response are urgently needed. Furthermore, monotherapy for most cancers is unlikely to result in cure. Combining cancer treatments offers potential, but multiple companies are poised to carry out similar and duplicative trials of a limited set of combination therapies. Collaboration is needed to help determine which combinations will work for which patients.

Approach: A public-private partnership between NIH, FDA, biopharmaceutical companies, philanthropies, and advocacy organizations will coordinate efforts to design combination therapies for cancer, and better understand when cancer therapies are working.

Role for HHS: Convene a public launch of the Partnership for Accelerating Cancer Therapies (PACT), with NIH, FDA, biopharmaceutical companies, philanthropies, and advocacy organizations. The potential for this highly visible launch will speed negotiations with companies to join PACT. At the launch, the Administration will be able to showcase a successful partnership between the government and private sector groups, including advocacy organizations, to the ultimate benefit of cancer patients.

Background

Immune-based approaches have resulted in dramatic cures for cancer patients, especially for melanoma, leukemia, and lymphoma – but success has been limited in other circumstances. PACT aims to increase the number of cancers successfully treated with immune-based and other cancer therapies by bringing together the resources of government and private-sector groups.

Following the models of successful partnerships like the Accelerating Medicines Partnership ([AMP](#)), PACT will support jointly funded research and ensure open data sharing with the scientific community. To design PACT, NIH has convened representatives from 14 companies (AbbVie, Amgen, Astra-Zeneca, Bayer, Boehringer-Ingelheim, Bristol-Myers Squibb, Eli Lilly, EMD Serono, Genentech, GlaxoSmithKline, Merck, Novartis, Pfizer, and Takeda), as well as academic opinion leaders and the National Cancer Institute, to define areas of greatest opportunity and specific projects for PACT.

Through this cross-sector partnership, managed through the Foundation for the NIH, NIH and industry partners are planning to share expertise and resources — anticipated to be over \$250 million — in an integrated governance structure that enables the best informed contributions to science from all participants. A critical component of the partnership is that all partners agree to make the PACT data and analyses publicly accessible to the broader research community.

Focus Areas

PACT has identified two focus areas ideally suited to a multi-sector coordinated effort:

Focus Area 1: Identification and validation of biomarkers for response to cancer immunotherapy

To address fundamental gaps in our understanding of how cancer immunotherapies work in patients, PACT will study molecular indicators of disease, or biomarkers. Biomarkers can predict whether a patient will respond to a given therapy, and help researchers understand how cancers become resistant to therapy. Improved biomarkers for the immune response to cancer therapy will inform trials for immunotherapy and other agents, and enable precision monitoring of a patient's progress during treatment. Improved biomarkers will also further other areas of research, in rare diseases, regulatory science, reproducibility in research, and other fields.

The PACT focus area on biomarkers in immunotherapy aims to build understanding and infrastructure to speed the development of immune therapies for cancer, including combination therapies. PACT plans to support a reference laboratory to standardize and harmonize biomarkers for the response to cancer therapy, a database for PACT research and other data, and clinical validation of biomarkers to enable faster approval through FDA.

Focus Area 2: Establishment of a platform for selecting and testing combination therapies

Most successful therapies for cancer will include more than one agent, requiring collaboration between companies. A better understanding of immune-oncology trials underway to date, and which trials work for which cancers, is needed. Through a bi-annual landscape analysis and literature review, selection of high-priority trials for co-funding, and active outreach and coordination with other immune-oncology efforts, PACT will identify and target high-priority but yet unfunded combination clinical trials for cancer.

Budget

Anticipated Contribution from the National Cancer Institute at NIH (planned investment https://grants.nih.gov/grants/guide/rfa-files/RFA-CA-17-005.html)	\$102M/5 years + Staff and In-Kind Support
Current Additional Funding Target (from private sector and other partners)	\$140-150M /5 years + Potential Buy-up Options
Total	\$242-252M

Timeline

February 2017: Final PACT work plan expected.

Government, academic, and private-sector thought leaders will deliver an initial work plan for PACT, defining key project features. The plan will aid potential partners decide whether to join PACT.

Spring 2017: Potential partners sign on to PACT agreement and make funding commitments. Awareness of the potential of a highly visible launch would provide an incentive for vacillating companies to join.

Summer 2017: Formal announcement of PACT launch, with NIH, FDA, and leadership from partner organizations. **The formal launch could provide a significant opportunity for a White House event.**

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
Bethesda, Maryland 20892

DATE: JAN 17 2017

TO: The Secretary
Through: DS _____
COS _____
ES _____

FROM: Director, National Institutes of Health

SUBJECT: Delegation of Authority under Section 2054 of the 21st Century Cures Act (P.L. 114-255) - ACTION

ISSUE

This is a request that you delegate to the Director, National Institutes of Health (NIH), authorities under Section 2054 of the 21st Century Cures Act (P.L. 114-255), as amended, to coordinate and receive recommendations with respect to enhancements to the clinical trial registry data bank under section 402(j) of the Public Health Service Act (42 U.S.C. 282(j)).

DISCUSSION

Section 2054 of the 21st Century Cures Act (P.L. 114-255), as amended, requires the Secretary of Health and Human Services to consult with relevant Federal agencies, including the Food and Drug Administration, the Office of the National Coordinator for Health Information Technology, and the National Institutes of Health, as well as other stakeholders (including patients, researchers, physicians, industry representatives, and developers of health information technology) to receive recommendations with respect to enhancements to the clinical trial registry data bank under section 402(j) of the Public Health Service Act (42 U.S.C. 282(j)), including with respect to usability, functionality, and search capability.

The clinical trial registry data bank referenced above is ClinicalTrials.gov, a registry and results NIH database of publicly and privately supported clinical studies of human participants conducted around the world. Since ClinicalTrials.gov site is housed at NIH, we would like to provide HHS with background and information on current NIH activities that align with the above provision.

As the largest public funder of clinical trials in the United States, the NIH takes its stewardship of the nation's clinical trial enterprise very seriously, and has recently launched a renewed effort to improve the quality and efficiency of clinical trials¹. As part of this effort, NIH has committed to enhance the usability of ClinicalTrials.gov so that it can better serve physicians, patients, and family members in finding trials that may be right for them. In September, 2016, a new

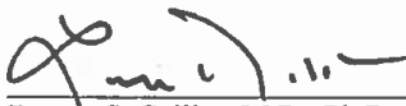
¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5101947/>

partnership was formed between NIH and technical experts at 18F, a digital consultancy within the General Services Administration, to explore ways in which a partnership between the two could enhance the usability of the ClinicalTrials.gov site. The current scope of work being developed between NIH and 18F includes a series of consultations with stakeholders in the various forms of interviews, workshops, and design studios.

Given that stakeholder consultations are an essential function of the NIH-18F partnership, the activities listed in Section 2054 of the 21st Century Cures Act are particularly germane to this ongoing NIH effort. Thus, the requested delegation will enable the NIH Director to ensure a coordinated and holistic approach to enhancing the usability of ClinicalTrials.gov, maximizing the success of the effort and increased benefits for patients and families around the world.

RECOMMENDATION

I recommend that you approve this proposed delegation of authority and sign the Secretarial Decision line below, the attached delegation of authority memorandum (Tab B), and the Federal Register Notice (Tab C).

For 

Francis S. Collins, M.D., Ph.D.
Director
National Institutes of Health

SECRETARIAL DECISION:

Approved: ✓ Disapproved: _____ Date: 1/18/17

Attachments:

Tab A – Summary Statement

Tab B – Delegation of Authority Memorandum

Tab C – Federal Register Notice



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

DATE:

TO: Francis S. Collins, M.D., Ph.D.
Director, National Institutes of Health

SUBJECT: Delegation of Authority under Section 2054 of the 21st Century Cures Act (P.L. 114-255)

Authority Delegated

I hereby delegate to the Director, National Institutes of Health (NIH), authorities under Section 2054 of the 21st Century Cures Act (P.L. 114-255), as amended, to consult with relevant agencies and stakeholders and to receive recommendations with respect to enhancements to the clinical trial registry data bank under section 402(j) of the Public Health Service Act (42 U.S.C. 282(j)), including with respect to usability, functionality, and search capability.

This delegation will be exercised in accordance with the Department's applicable policies, procedures, guidelines and regulations.

Restrictions

1. The Secretary retains the authority to submit reports to Congress.
2. The Secretary retains the authority to promulgate regulations.

Redelegation

This authority may be redelegated.

Effective Date

This delegation is effective upon date of signature.

S M Burwell 1/18/17
Sylvia M. Burwell

BILLING CODE 4140-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health
Statement of Delegation of Authority

Notice is hereby given that I have delegated to the Director, National Institutes of Health (NIH), the authorities vested in the Secretary of Health and Human Services under Section 2054 of the 21st Century Cures Act (P.L. 114-255), as amended, to consult with relevant agencies and stakeholders and to receive recommendations with respect to enhancements to the clinical trial registry data bank under section 402(j) of the Public Health Service Act (42 U.S.C. 282(j)), including with respect to usability, functionality, and search capability.

These authorities may be redelegated. Exercise of this authority shall be in accordance with established policies, procedures, guidelines, and regulations as prescribed by the Secretary. The Secretary retains the authority to submit reports to Congress, and promulgate regulations.

4/18/17
Date


Sylvia M. Burwell
Secretary

Beachhead Team Meeting

February 8, 2017

Agenda

- Delegation of Authority for Clinical Trials Registry
- Upcoming PACT Meeting on 2/10/17
- Follow-up on Actions Sent for Beachhead Team Review/Approval
 - Will be provided in the meeting
- Follow-up from 2/3/17 Meeting with Beachhead Team
- Questions/Issues from the Beachhead Team

Participants

Dr. Francis Collins

Dr. Larry Tabak

Dr. Michael Lauer

Dr. Tara Schwetz

Dr. Rebecca Baker

From: Adair, Geraldine (OS/IOS)
Sent: 27 Jul 2017 20:12:19 +0000
To: Moughalian, Jen (HHS/ASFR);Stannard, Paula (HHS/IOS);Agnew, Ann (HHS/IOS);Robinson, Wilma (HHS/IOS);Hawkins, Jamar (HHS/OS);Shipley, Samuel (HHS/IOS);Wright, Don (HHS/OASH);Lapinski, Mary-Sumpter (HHS/IOS);Horn, Wade (HHS/IOS) (CTR);Valentine, Steven (HHS/IOS);Bell, Kathryn (HHS/IOS);Manning, Teresa (HHS/OASH);Huber, Valerie (HHS/OASH);Singh, Vanila (HHS/OASH)
Cc: Bowman, Matthew (HHS/OGC);Manning, Lelisa (OS/IOS);Blakey, Carter R (HHS/OASH);Vafiades, Mark (HHS/OASH);Pence, Laura (HHS/IOS);Kemper, Laura (HHS/ASL)
Subject: OASH Briefing with Policy Team - [MATERIALS ADDED]
Attachments: 7-28-17 Policy Team Report.docx, Brief on VD-HCBS (2).docx, OASH Week Ahead Report_7.27.17.docx



Purpose: Continuation meeting with Counselors.

Meeting Participants:

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amar Hawkins

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ary-Sumpter Lapinski

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teve Valentine

alerie Huber

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athryn Bell

eresa Manning

POC: Geraldine Adair, 202-260-6149

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From: Adair, Geraldine (OS/IOS)
Sent: 28 Jul 2017 14:28:25 +0000
To: Moughalian, Jen (HHS/ASFR);Stannard, Paula (HHS/IOS);Agnew, Ann (HHS/IOS);Robinson, Wilma (HHS/IOS);Hawkins, Jamar (HHS/OS);Shipley, Samuel (HHS/IOS);Wright, Don (HHS/OASH);Lapinski, Mary-Sumpter (HHS/IOS);Horn, Wade (HHS/IOS) (CTR);Valentine, Steven (HHS/IOS);Bell, Kathryn (HHS/IOS);Manning, Teresa (HHS/OASH);Huber, Valerie (HHS/OASH);Singh, Vanila (HHS/OASH)
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POC: Geraldine Adair, 202-260-6149

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From: Policy Briefings Scheduler (OS/IOS)
Sent: 8 Dec 2017 17:53:15 +0000
To: Moughalian, Jen (HHS/ASFR);Stannard, Paula (HHS/IOS);Agnew, Ann (HHS/IOS);Robinson, Wilma (HHS/IOS);Hawkins, Jamar (HHS/OS);Shipley, Samuel (HHS/IOS);Wright, Don (HHS/OASH);Bardis, John (HHS/ASA);Lapinski, Mary-Sumpter (HHS/IOS);Horn, Wade (HHS/IOS) (CTR);Valentine, Steven (HHS/IOS);Huber, Valerie (HHS/OASH);Singh, Vanila (HHS/OASH);Bell, Kathryn (HHS/IOS);Manning, Teresa (HHS/OASH);Jilani, Shahla (HHS/IOS);Palmer, Ashley (OS/ASFR);Adams, Jerome (HHS/OASH)
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Subject: OASH Briefing with Policy Team - [MATERIALS ATTACHED]
Attachments: OASH Week Ahead Report_12.11.17.docx, 12-8-17 Policy Team Report_updated.docx



Purpose: Continuation meeting with Counselors.

Meeting Participants:

Jen Moughalian
Paula Stannard
Ann Agnew
Wilma Robinson
Jamar Hawkins
Sam Shipley
Don Wright
Jon Bardis
Mary-Sumpter Lapinski
Wade Horn
Steve Valentine
Valerie Huber
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Kathryn Bell
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POC: Geraldine Adair at Geraldine.Adair@hhs.gov; 202-260-6149

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From: Policy Briefings Scheduler (OS/IOS)
Sent: 30 Nov 2017 18:56:06 +0000
To: Moughalian, Jen (HHS/ASFR);Stannard, Paula (HHS/IOS);Agnew, Ann (HHS/IOS);Robinson, Wilma (HHS/IOS);Hawkins, Jamar (HHS/OS);Shipley, Samuel (HHS/IOS);Wright, Don (HHS/OASH);Bardis, John (HHS/ASA);Lapinski, Mary-Sumpter (HHS/IOS);Horn, Wade (HHS/IOS) (CTR);Valentine, Steven (HHS/IOS);Huber, Valerie (HHS/OASH);Singh, Vanila (HHS/OASH);Bell, Kathryn (HHS/IOS);Manning, Teresa (HHS/OASH);Jilani, Shahla (HHS/IOS);Palmer, Ashley (OS/ASFR);Adams, Jerome (HHS/OASH)
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Subject: OASH Briefing with Policy Team - [MATERIALS ATTACHED]
Attachments: OASH Week Ahead Report_11.27.17.docx, 12-1-17 Policy Team Report.docx, Grants New Competition - Contingency timeline.docx



Purpose: Continuation meeting with Counselors.

Meeting Participants:

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From: Policy Briefings Scheduler (OS/IOS)
Sent: 14 Nov 2017 15:04:16 +0000
To: Moughalian, Jen (HHS/ASFR);Stannard, Paula (HHS/IOS);Agnew, Ann (HHS/IOS);Robinson, Wilma (HHS/IOS);Hawkins, Jamar (HHS/OS);Shipley, Samuel (HHS/IOS);Wright, Don (HHS/OASH);Bardis, John (HHS/ASA);Lapinski, Mary-Sumpter (HHS/IOS);Horn, Wade (HHS/IOS) (CTR);Valentine, Steven (HHS/IOS);Huber, Valerie (HHS/OASH);Singh, Vanila (HHS/OASH);Bell, Kathryn (HHS/IOS);Manning, Teresa (HHS/OASH);Jilani, Shahla (HHS/IOS);Palmer, Ashley (OS/ASFR);Adams, Jerome (HHS/OASH)
Cc: Bowman, Matthew (HHS/OGC);Manning, Lelisa (OS/IOS);Blakey, Carter R (HHS/OASH);Vafiades, Mark (HHS/OASH);Pence, Laura (HHS/IOS);Kemper, Laura (HHS/ASL);Stevenson, Monica L (HHS/OASH);Manning, Marcus (HHS/OASH);Carr, Nicole (OS/OASH)
Subject: OASH Briefing with Policy Team - [MATERIALS ATTACHED]
Attachments: 11-14-17 Policy Team Report.docx, OASH Week Ahead Report_11.13.17.docx



Purpose: Continuation meeting with Counselors.

Meeting Participants:

Jen Moughalian
Paula Stannard
Ann Agnew
Wilma Robinson
Jamar Hawkins
Sam Shipley
Don Wright
Jon Bardis
Mary-Sumpter Lapinski
Wade Horn
Steve Valentine
Valerie Huber
Vanilla Singh
Kathryn Bell
Teresa Manning

POC: Geraldine Adair at Geraldine.Adair@hhs.gov; 202-260-6149

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Daley, Garfield (HHS/ASPA)

Subject: OASH Briefing with Policy Team
Location: Conf Rm 611E; (b)(6) Part. Code (b)(6), Leader: (b)(6)
Start: Fri 4/7/2017 2:00 PM
End: Fri 4/7/2017 2:30 PM
Show Time As: Tentative
Recurrence: Weekly
Recurrence Pattern: Occurs every Friday from 2:00 PM to 2:30 PM effective 4/7/2017. (UTC-05:00) Eastern Time (US & Canada)
Meeting Status: Tentatively accepted
Organizer: Adair, Geraldine (OS/IOS)
Required Attendees: Moughalian, Jen (HHS/ASFR); Stannard, Paula (HHS/IOS); Agnew, Ann (HHS/IOS); Robinson, Wilma (HHS/IOS); Hawkins, Jamar (HHS/OS); Shipley, Samuel (HHS/IOS); Wright, Don (HHS/OASH); Lapinski, Mary-Sumpter (HHS/IOS) (Mary-sumpter.Lapinski@hhs.gov); Horn, Wade (HHS/IOS) (CTR); Valentine, Steven (HHS/IOS); Bell, Kathryn (HHS/IOS); Counselors Conference Room (HHS); Manning, Teresa (HHS/OASH); Huber, Valerie (HHS/OASH); Singh, Vanila (HHS/OASH)
Optional Attendees: Bowman, Matthew (HHS/OGC); Manning, Lelisa (OS/IOS); Blakey, Carter R (HHS/OASH); Vafiades, Mark (HHS/OASH); Pence, Laura (HHS/IOS)

Purpose: Continuation meeting with Counselors.

Meeting Participants:

Jen Moughalian
Paula Stannard
Ann Agnew
Wilma Robinson
Jamar Hawkins
Sam Shipley
Don Wright
Jon Bardis
Mary-Sumpter Lapinski
Wade Horn
Steve Valentine
Valerie Huber
Vanilla Singh
Kathryn Bell
Teresa Manning

POC: Geraldine Adair, 202-260-6149

From: Policy Briefings Scheduler (OS/IOS)
Sent: 8 Nov 2017 17:52:25 +0000
To: Moughalian, Jen (HHS/ASFR);Stannard, Paula (HHS/IOS);Agnew, Ann (HHS/IOS);Robinson, Wilma (HHS/IOS);Hawkins, Jamar (HHS/OS);Shipley, Samuel (HHS/IOS);Wright, Don (HHS/OASH);Bardis, John (HHS/ASA);Lapinski, Mary-Sumpter (HHS/IOS);Horn, Wade (HHS/IOS) (CTR);Valentine, Steven (HHS/IOS);Huber, Valerie (HHS/OASH);Singh, Vanila (HHS/OASH);Bell, Kathryn (HHS/IOS);Manning, Teresa (HHS/OASH);Jilani, Shahla (HHS/IOS);Palmer, Ashley (OS/ASFR);Adams, Jerome (HHS/OASH)
Cc: Bowman, Matthew (HHS/OGC);Manning, Lelisa (OS/IOS);Blakey, Carter R (HHS/OASH);Vafiades, Mark (HHS/OASH);Pence, Laura (HHS/IOS);Kemper, Laura (HHS/ASL);Stevenson, Monica L (HHS/OASH);Manning, Marcus (HHS/OASH);Carr, Nicole (OS/OASH)
Subject: OASH Briefing with Policy Team - [MATERIALS ATTACHED]
Attachments: 11-8-17 Policy Team Report.docx, OASH Week Ahead Report_10.26.17.docx

(Rescheduled from Friday, November 10, 2017)



POC: Geraldine Adair, 202-260-6149, Geraldine.Adair@hhs.gov

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From: Policy Briefings Scheduler (OS/IOS)
Sent: 27 Oct 2017 15:59:31 +0000
To: Moughalian, Jen (HHS/ASFR);Stannard, Paula (HHS/IOS);Agnew, Ann (HHS/IOS);Robinson, Wilma (HHS/IOS);Hawkins, Jamar (HHS/OS);Shipley, Samuel (HHS/IOS);Wright, Don (HHS/OASH);Bardis, John (HHS/ASA);Lapinski, Mary-Sumpter (HHS/IOS);Horn, Wade (HHS/IOS) (CTR);Valentine, Steven (HHS/IOS);Huber, Valerie (HHS/OASH);Singh, Vanila (HHS/OASH);Bell, Kathryn (HHS/IOS);Manning, Teresa (HHS/OASH);Jilani, Shahla (HHS/IOS);Palmer, Ashley (OS/ASFR);Adams, Jerome (HHS/OASH)
Cc: Bowman, Matthew (HHS/OGC);Manning, Lelisa (OS/IOS);Blakey, Carter R (HHS/OASH);Vafiades, Mark (HHS/OASH);Pence, Laura (HHS/IOS);Kemper, Laura (HHS/ASL);Stevenson, Monica L (HHS/OASH);Manning, Marcus (HHS/OASH);Carr, Nicole (OS/OASH)
Subject: OASH Briefing with Policy Team - [MATERIALS ATTACHED]
Attachments: 10-27-17 Policy Team Report cb.docx, OASH Week Ahead Report_10.26.17.docx



Purpose: Continuation meeting with Counselors.

Meeting Participants:

Jen Moughalian
Paula Stannard
Ann Agnew
Wilma Robinson
Jamar Hawkins
Sam Shipley
Don Wright
Jon Bardis
Mary-Sumpter Lapinski
Wade Horn
Steve Valentine
Valerie Huber
Vanilla Singh
Kathryn Bell
Teresa Manning

POC: Geraldine Adair at Geraldine.Adair@hhs.gov; 202-260-6149

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From: Policy Briefings Scheduler (OS/IOS)
Sent: 20 Oct 2017 13:43:32 +0000
To: Moughalian, Jen (HHS/ASFR);Stannard, Paula (HHS/IOS);Agnew, Ann (HHS/IOS);Robinson, Wilma (HHS/IOS);Hawkins, Jamar (HHS/OS);Shipley, Samuel (HHS/IOS);Wright, Don (HHS/OASH);Bardis, John (HHS/ASA);Lapinski, Mary-Sumpter (HHS/IOS);Horn, Wade (HHS/IOS) (CTR);Valentine, Steven (HHS/IOS);Huber, Valerie (HHS/OASH);Singh, Vanila (HHS/OASH);Bell, Kathryn (HHS/IOS);Manning, Teresa (HHS/OASH);Jilani, Shahla (HHS/IOS);Palmer, Ashley (OS/ASFR);Adams, Jerome (HHS/OASH)
Cc: Bowman, Matthew (HHS/OGC);Manning, Lelisa (OS/IOS);Blakey, Carter R (HHS/OASH);Vafiades, Mark (HHS/OASH);Pence, Laura (HHS/IOS);Kemper, Laura (HHS/ASL);Stevenson, Monica L (HHS/OASH);Manning, Marcus (HHS/OASH);Carr, Nicole (OS/OASH)
Subject: OASH Briefing with Policy Team - [MATERIALS ATTACHED]
Attachments: 10-20-17 Policy Team Report.docx, Hidden Casualties flyer 10 23 17 FINAL.PDF, OASH Week Ahead Report_10.19.17.docx



Purpose: Continuation meeting with Counselors.

Meeting Participants:

Jen Moughalian
Paula Stannard
Ann Agnew
Wilma Robinson
Jamar Hawkins
Sam Shipley
Don Wright
Jon Bardis
Mary-Sumpter Lapinski
Wade Horn
Steve Valentine
Valerie Huber
Vanilla Singh
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Teresa Manning

POC: Geraldine Adair at Geraldine.Adair@hhs.gov; 202-260-6149

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HIDDEN CASUALTIES: The Consequences of the Opioid Epidemic on the Spread of Infectious Disease



MONDAY, OCTOBER 23, 2017
10:00AM TO 11:30AM

HUBERT H. HUMPHREY BUILDING,
HHS, SMALL AUDITORIUM

THIS EVENT WILL BE WEBCAST AT WWW.HHS.GOV/LIVE

The opioid epidemic has led to alarming increases in opioid use disorders, injection drug use, overdose deaths, and infectious diseases that are life-threatening and add to rapidly rising health care costs. They have affected primarily young men and women, as well as their infants in communities across the United States. A major driver of this increase has been the availability of powerful prescription opiates that can quickly lead to addiction and misuse.

Improved efficiency and impact may be achieved by HHS programs and policies that adopt a patient-centered approach that address multiple needs and risks of the populations. The messages and programs that reach and serve health care providers and people with opioid use disorders, should address multiple intersecting health threats such as HIV, HBV, HCV, and endocarditis.

This presentation will be open to federal staff and provide an overview of the infectious disease trends related to the opioid epidemic. The presentation will be held in the Humphrey Auditorium and webcast to federal partners.

SPEAKERS

DON WRIGHT, MD, MPH
Acting Assistant Secretary for Health

RADM JONATHAN MERMIN, MD, MPH
Director, National Center for HIV, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention

VADM JEROME ADAMS, MD, MPH
Surgeon General

RICHARD WOLITSKI, PhD
Director, Office of HIV/AIDS and Infectious Disease Policy

CAPT CHRISTOPHER M. JONES, PharmD, MPH
Associate Deputy Assistant Secretary for Science and Data Policy, Office of the Assistant Secretary for Planning and Evaluation

VANILA SINGH, MD, MACM
Chief Medical Officer, Office of the Assistant Secretary for Health

SPEAKER BIOS



DON WRIGHT, MD, MPH

Acting Assistant Secretary for Health

The Acting Assistant Secretary for Health leads development of HHS-wide public health policy recommendations, oversees 12 core public health offices as well as 10 regional offices and 15 advisory committees. Dr. Wright is also the Deputy Assistant Secretary for Health and the Director of the Office of Disease Prevention and Health Promotion.



RADM JONATHAN MERMIN, MD, MPH

Director, National Center for HIV, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention

Dr. Mermin oversees U.S. prevention efforts for HIV, viral hepatitis, STDs, and Tuberculosis at CDC, focusing efforts on saving lives and saving money. From 2009-2013, he served as Director of the Division of HIV/AIDS Prevention at CDC.



VADM JEROME ADAMS, MD, MPH

Surgeon General

Dr. Adams oversees the operations of the U.S. Public Health Service Commissioned Corps, which has approximately 6,500 uniformed health officers who serve in nearly 600 locations around the world to promote, protect and advance the health and safety of our nation and our world.



RICHARD WOLITSKI, PhD

Director, Office of HIV/AIDS and Infectious Disease Policy

Responsible for oversight of the Office of HIV/AIDS and Infectious Disease Policy in the Office of the Assistant Secretary for Health. Key activities include implementation of the Secretary's Minority AIDS Initiative Fund, the National HIV/AIDS Strategy and the National Viral Hepatitis Action Plan.



CAPT CHRISTOPHER M. JONES, PharmD, MPH

Acting Associate Deputy Assistant Secretary for Science and Data Policy, Office of the Assistant Secretary for Planning and Evaluation

Dr. Jones' Division is the focal point for policy research, analysis, evaluation, and coordination of public health science policy and data policy activities. Dr. Jones has also played a lead role in drug abuse and overdose prevention at the FDA and CDC.



VANILA SINGH, MD, MACM

Chief Medical Officer, Office of the Assistant Secretary for Health

As Chief Medical Officer, Dr. Singh serves as the primary medical advisor to the Assistant Secretary for Health on the development and implementation of HHS-wide public health policy recommendations.

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From: Policy Briefings Scheduler (OS/IOS)
Sent: 15 Sep 2017 14:35:11 +0000
To: Moughalian, Jen (HHS/ASFR);Stannard, Paula (HHS/IOS);Agnew, Ann (HHS/IOS);Robinson, Wilma (HHS/IOS);Hawkins, Jamar (HHS/OS);Shipley, Samuel (HHS/IOS);Wright, Don (HHS/OASH);Bardis, John (HHS/ASA);Lapinski, Mary-Sumpter (HHS/IOS);Horn, Wade (HHS/IOS) (CTR);Valentine, Steven (HHS/IOS);Huber, Valerie (HHS/OASH);Singh, Vanila (HHS/OASH);Bell, Kathryn (HHS/IOS);Manning, Teresa (HHS/OASH);Jilani, Shahla (HHS/IOS);Palmer, Ashley (OS/ASFR)
Cc: Bowman, Matthew (HHS/OGC);Manning, Lelisa (OS/IOS);Blakey, Carter R (HHS/OASH);Vafiades, Mark (HHS/OASH);Pence, Laura (HHS/IOS);Kemper, Laura (HHS/ASL);Stevenson, Monica L (HHS/OASH);Manning, Marcus (HHS/OASH);Adams, Jerome (HHS/OASH)
Subject: OASH Briefing with Policy Team - [MATERIALS ATTACHED]
Attachments: 9-15-17 Policy Team Report.docx, OASH Week Ahead Report_9.14.17_vas.docx



Purpose: Continuation meeting with Counselors.

Meeting Participants:

Jen Moughalian
Paula Stannard
Ann Agnew
Wilma Robinson
Jamar Hawkins
Sam Shipley
Don Wright
Jon Bardis
Mary-Sumpter Lapinski
Wade Horn
Steve Valentine
Valerie Huber
Vanilla Singh
Kathryn Bell
Teresa Manning

POC: Geraldine Adair at Geraldine.Adair@hhs.gov; 202-260-6149

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Withheld pursuant to exemption

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From: Policy Briefings Scheduler (OS/IOS)
Sent: 7 Sep 2017 14:12:44 +0000
To: Moughalian, Jen (HHS/ASFR);Stannard, Paula (HHS/IOS);Agnew, Ann (HHS/IOS);Robinson, Wilma (HHS/IOS);Hawkins, Jamar (HHS/OS);Shipley, Samuel (HHS/IOS);Wright, Don (HHS/OASH);Bardis, John (HHS/ASA);Lapinski, Mary-Sumpter (HHS/IOS);Horn, Wade (HHS/IOS) (CTR);Valentine, Steven (HHS/IOS);Huber, Valerie (HHS/OASH);Singh, Vanila (HHS/OASH);Bell, Kathryn (HHS/IOS);Manning, Teresa (HHS/OASH);Jilani, Shahla (HHS/IOS);Palmer, Ashley (HHS/ASL)
Cc: Bowman, Matthew (HHS/OGC);Manning, Lelisa (OS/IOS);Blakey, Carter R (HHS/OASH);Vafiades, Mark (HHS/OASH);Pence, Laura (HHS/IOS);Kemper, Laura (HHS/ASL);Stevenson, Monica L (HHS/OASH);Manning, Marcus (HHS/OASH)
Subject: OASH Briefing with Policy Team - [MATERIALS ATTACHED]
Attachments: 9-7-17 Policy Team Report.docx, OASH Week Ahead Report_8.31.17.docx



Purpose: Continuation meeting with Counselors.

Meeting Participants:

Jen Moughalian
Paula Stannard
Ann Agnew
Wilma Robinson
Jamar Hawkins
Sam Shipley
Don Wright
Jon Bardis
Mary-Sumpter Lapinski
Wade Horn
Steve Valentine
Valerie Huber
Vanilla Singh
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POC: Geraldine Adair at Geraldine.Adair@hhs.gov; 202-260-6149

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From: Policy Briefings Scheduler (OS/IOS)
Sent: 25 Aug 2017 13:52:19 +0000
To: Moughalian, Jen (HHS/ASFR);Stannard, Paula (HHS/IOS);Agnew, Ann (HHS/IOS);Robinson, Wilma (HHS/IOS);Hawkins, Jamar (HHS/OS);Shipley, Samuel (HHS/IOS);Wright, Don (HHS/OASH);Bardis, John (HHS/ASA);Lapinski, Mary-Sumpter (HHS/IOS);Horn, Wade (HHS/IOS) (CTR);Valentine, Steven (HHS/IOS);Huber, Valerie (HHS/OASH);Singh, Vanila (HHS/OASH);Bell, Kathryn (HHS/IOS);Manning, Teresa (HHS/OASH)
Cc: Bowman, Matthew (HHS/OGC);Manning, Lelisa (OS/IOS);Blakey, Carter R (HHS/OASH);Vafiades, Mark (HHS/OASH);Pence, Laura (HHS/IOS);Kemper, Laura (HHS/ASL)
Subject: OASH Briefing with Policy Team - [MATERIALS ATTACHED]
Attachments: 8-25-17 Policy Team Report.docx, OASH Week Ahead Report_8.24.17.docx



Purpose: Continuation meeting with Counselors.

Meeting Participants:

Jen Moughalian
Paula Stannard
Ann Agnew
Wilma Robinson
Jamar Hawkins
Sam Shipley
Don Wright
Jon Bardis
Mary-Sumpter Lapinski
Wade Horn
Steve Valentine
Valerie Huber
Vanilla Singh
Kathryn Bell
Teresa Manning

POC: Geraldine Adair at Geraldine.Adair@hhs.gov; 202-260-6149

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From: Adair, Geraldine (OS/IOS)
Sent: 11 Aug 2017 15:39:39 +0000
To: Moughalian, Jen (HHS/ASFR);Stannard, Paula (HHS/IOS);Agnew, Ann (HHS/IOS);Robinson, Wilma (HHS/IOS);Hawkins, Jamar (HHS/OS);Shipley, Samuel (HHS/IOS);Wright, Don (HHS/OASH);Lapinski, Mary-Sumpter (HHS/IOS);Horn, Wade (HHS/IOS) (CTR);Valentine, Steven (HHS/IOS);Bell, Kathryn (HHS/IOS);Manning, Teresa (HHS/OASH);Huber, Valerie (HHS/OASH);Singh, Vanila (HHS/OASH)
Cc: Bowman, Matthew (HHS/OGC);Manning, Lelisa (OS/IOS);Blakey, Carter R (HHS/OASH);Vafiades, Mark (HHS/OASH);Pence, Laura (HHS/IOS);Kemper, Laura (HHS/ASL)
Subject: OASH Briefing with Policy Team - [MATERIALS ATTACHED]
Attachments: 8-11-17 Policy Team Report.docx, OASH Week Ahead Report_8.3.17.docx, PACampaign_PolicyTeam.pptx,

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Purpose: Continuation meeting with Counselors.

Meeting Participants:

en Moughalian

aula Stannard

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amar Hawkins

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on Bardis

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POC: Geraldine Adair, 202-260-6149

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Physical Activity Icon and Consumer Campaign

**Frances Bevington, MA, Strategic Communication and
Public Affairs Advisor, Office of Disease Prevention and
Health Promotion**



ODPHP

Office of Disease Prevention
and Health Promotion

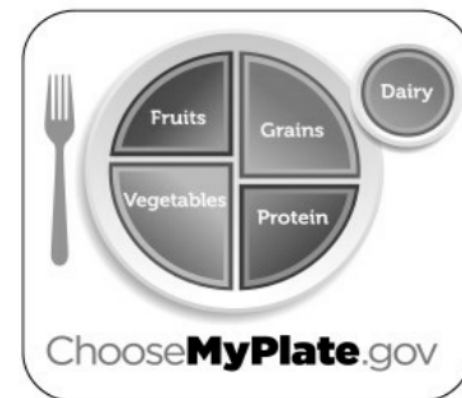
Vision: Consumer-focused campaign to promote physical activity (PA) recommendations in the 2nd edition of the Physical Activity Guidelines (PAG)

- Components
 - Feature an icon that clearly communicates the need to be physically active to consumers
 - Provide supporting information on consumer-oriented website
 - Purpose
 - Raise awareness of PAG recommendations
 - Change behavior among consumers



Using MyPlate as a Guide

- Communicates the key components of a healthy eating style
Promotes Dietary Guidelines for Americans
Targets behavior change among consumers
Coordinated communication strategies focused on “how to’s”
National strategic and community partnerships
Interactive and personalized tools



Federal Steering Committee

Physical Activity
Guidelines for
Americans



OFFICE OF HEAD START

An Office of the Administration for Children & Families

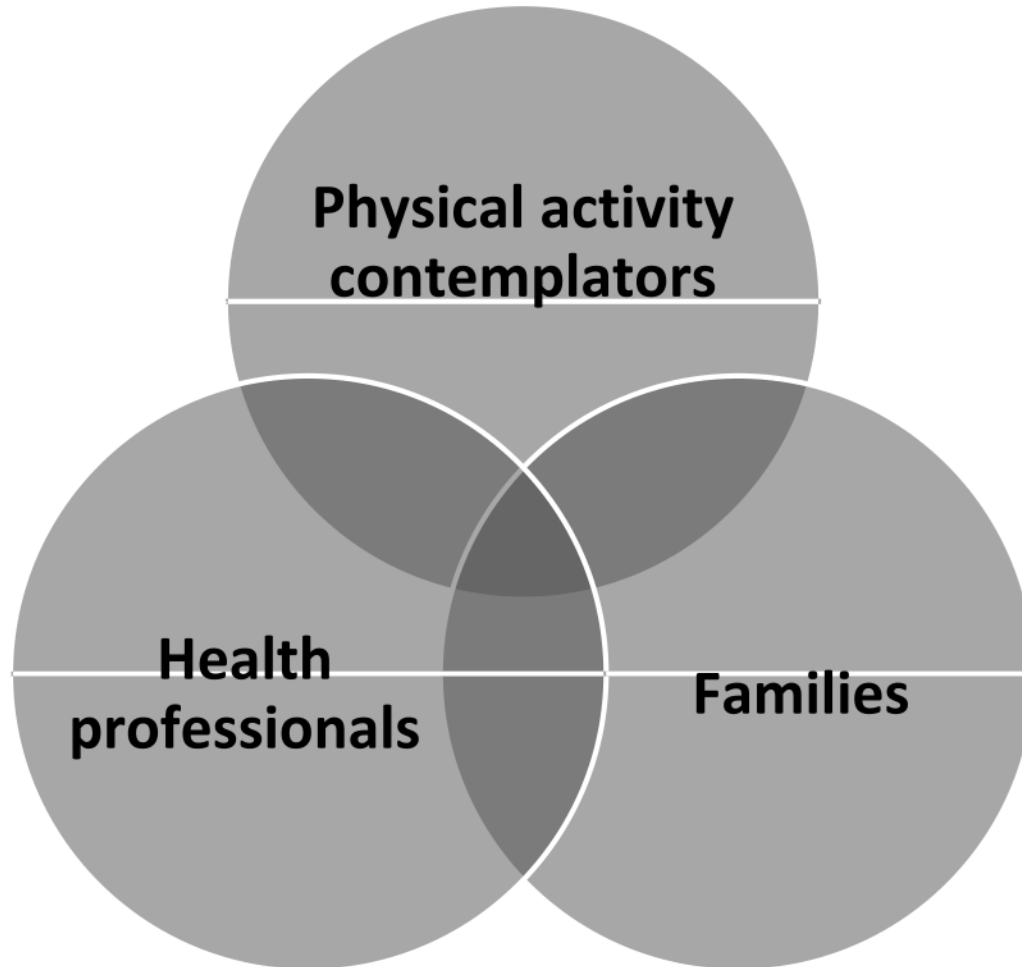


ODPHP

Office of Disease Prevention
and Health Promotion

Target Audiences

Physical Activity
Guidelines for
Americans



Environmental scan

- Fitness and exercise companies
- Organizations that promote physical activity
- Government physical activity campaigns
- Non-government physical activity campaigns

Focus groups

- Adult physical activity contemplators (12 in-person groups, 6 with parents, 3 in Spanish, n=95)
 - Barriers/Motivators
 - Self-Efficacy
- Professionals (3 virtual groups, n=19)

Online survey (n=2050)

- Level of familiarity with PAG recommendations
- Attitudes around physical activity
- Behavioral intention around physical activity
- Promising channels for message delivery

Icon and message testing

- Consumers (6 in-person groups, 2 in Spanish)
- Professionals (2 virtual groups)
- Stakeholders (9 in-depth interviews)

Preliminary Findings - Physical Activity Contemplators

- Consumers didn't have a clear or comprehensive understanding of physical activity recommendations. Consumers emphasized setting realistic goals and criticized "one-size-fits-all" physical activity recommendations. Consumers associate physical activity with nutrition. Consumers top five barriers to physical activity are fatigue/tiredness, lack of time, lack of enjoyment, pain, and weather. Among contemplators, walking is preferred above all other types of physical activity. The most popular sources of information about physical activity included videos and online searches. Although many consumers are interested in fitness mobile tools and apps, most do not regularly use them.



- For adults, family is the biggest motivator for physical activity. Appearance is the main motivator for adolescents (according to parents). Most consumers didn't deliberately seek out guidance on physical activity — either for themselves or their children. Parents cited a lack of opportunities for their children as a barrier — and the lure of screen time. Parents believe that family and friends, teachers/schools, and doctors and medical professionals are key sources of health information for adolescents.



- Professional participants said they're aware of the Physical Activity Guidelines for Americans, but they're not using them as a primary source. Participants were focused on personalizing physical activity guidance for each patient or client. Participants emphasized increasing physical activity with clients and patients, not trying to meet specific targets. Participants currently use diverse sources for physical activity guidance. Participants suggested developing practical materials and tools for both professional and consumer audiences.



Three-Tiered Approach

National Campaign Announcement

- **Timeframe:** Dec. 2018-June 2019
- **Audience:** All Americans
- **Stakeholders:** National organizations
- **Planned activities:** Media announcement and interviews, webinars, social media outreach
- **Planned products:** Microsite with customizable recommendations, API, social media posts, videos

Health Professionals Toolkit

- **Timeframe:** Dec. 2018-Dec. 2019
- **Audience:** Health professionals
- **Stakeholders:** Health professional organizations
- **Planned activities:** Outreach to membership groups and health care organizations, conference presentations, journal articles
- **Planned products:** Policy document, patient handouts, eLearning module

Community-Based Pilot Test

- **Timeframe:** June 2019-June 2020
- **Audience:** Physical activity contemplators and families
- **Stakeholders:** Community leaders
- **Planned activities:** Community coalition building, in-person events, local advertising
- **Planned products:** Posters, local media interviews, educational resources, ads



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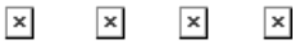
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From: Adair, Geraldine (OS/IOS)
Sent: 14 Jul 2017 14:26:06 +0000
To: Cochran, Norris (HHS/ASFR);Moughalian, Jen (HHS/ASFR);Stannard, Paula (HHS/IOS);Agnew, Ann (HHS/IOS);Robinson, Wilma (HHS/IOS);Hawkins, Jamar (HHS/OS);Shipley, Samuel (HHS/IOS);Wright, Don (HHS/OASH);Lapinski, Mary-Sumpter (HHS/IOS);Horn, Wade (HHS/IOS) (CTR);Valentine, Steven (HHS/IOS);Bell, Kathryn (HHS/IOS);Manning, Teresa (HHS/OASH);Huber, Valerie (HHS/OASH);Singh, Vanila (HHS/OASH)
Cc: Bowman, Matthew (HHS/OGC);Manning, Lelisa (OS/IOS);Blakey, Carter R (HHS/OASH)
Subject: OASH Briefing with Policy Team - [MATERIALS ATTACHED]
Attachments: CARA-timeline-DRAFT.DOCX, Informational Memo - CARA.PDF, OASH Week Ahead Report_7.13.17.docx, 7-14-17 Policy Team Report.docx



Purpose: Continuation meeting with Counselors.

Meeting Participants:

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POC: Geraldine Adair, 202-260-6149

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DATE: July 6, 2017

TO: Don Wright, Acting Assistant Secretary for Health

FROM: Chinedu Okeke, Senior Policy Advisor

THROUGH: Carter Blakey, Acting Chief of Staff

SUBJECT: The Comprehensive Addiction and Recovery Act of 2016 [CARA]
INFORMATION ONLY

Overview

On July 22, 2016, the former President, Barack Obama signed into law the Comprehensive Addiction and Recovery Act (P.L. 114-198) to systematically address the opioid epidemic by addressing all the six pillars necessary for a coordinated and effective response – prevention, treatment, recovery, law enforcement, criminal justice reform, and overdose reversal. This law allocates the sum of \$181 million each year via annual appropriation.

Section 101(Prevention and Education) mandates the HHS Secretary, in cooperation with the Veterans Affairs (VA) and Defense Secretaries and the Administrator of the Drug Enforcement Administration (DEA), to convene an interagency task force to review, modify, and update best practices for prescribing pain medication and managing chronic and acute pain.

Background

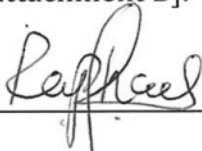
Through the CARA Act, the HHS in cooperation with VA and defense secretaries has been charged to coordinate and lead the establishment of a Pain Management Best Practices Inter-Agency task force to:

- 1) identify, review, and, as appropriate, determine whether there are gaps in or inconsistencies between best practices for pain management (including chronic and acute pain) developed or adopted by Federal agencies;
- 2) not later than 1 year after the date on which the task force is convened, propose updates to best practices and recommendations on addressing gaps or inconsistencies identified and submit to relevant agencies and to the general public;

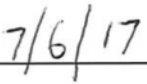
- Propose updates to best practices not later than 1 year after the date on the first task force convening
- Provide a 90 days public comment period for proposal review
- Release final draft to the relevant agency and to the general public
- Develop a strategy for disseminating information about best practices for pain management
- Sunset after 3 years from convening date

Discussion

Funding support is need for this task force as none was appropriated in the \$181 million [See attachment B].



Chinedu R. Okeke, MD, MPH-TM, MPA



Date

Attachments:

A – Deliverables and Timeline

B – CARA Grant Breakdown

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CARA Grants Breakdown

The final CARA Conference bill includes \$181 million in new authorized funds for a comprehensive response to addiction. Here is the \$181 million breakdown:

Section	Appropriation	Appropriation Per Year	Appropriation in Total
Section 103	\$5 million for each of fiscal years 2017 through 2021	\$5,000,000	\$25,000,000
Section 107	\$5 million for the period of 2017 through 2021	\$1,000,000	\$5,000,000
Section 109	\$10 million for each of fiscal years 2017 through 2021	\$10,000,000	\$50,000,000
Section 110	\$5 million for the period of 2017 through 2019	\$1,666,667	\$5,000,000
Section 201	\$103 million for each of fiscal years 2017 through 2021	\$103,000,000	\$515,000,000
Section 202	\$12 million for each of fiscal years 2017 through 2021	\$12,000,000	\$60,000,000
Section 301	\$25 million for each of fiscal years 2017 through 2021	\$25,000,000	\$125,000,000
Section 302	\$5 million for period of 2017 through 2021	\$1,000,000	\$5,000,000
Section 501	\$16.9 million for each of fiscal years 2017 through 2021	\$16,900,000	\$84,500,000
Section 601	\$5 million for each of fiscal years 2017 through 2021	\$5,000,000	\$25,000,000
Total		\$180,566,667	\$899,500,000

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From: Adair, Geraldine (OS/IOS)
Sent: 29 Jun 2017 14:05:11 +0000
To: Stannard, Paula (HHS/IOS);Wright, Don (HHS/OASH);Lapinski, Mary-Sumpter (HHS/IOS);Horn, Wade (HHS/IOS) (CTR);Valentine, Steven (HHS/IOS);Bell, Kathryn (HHS/IOS);Manning, Teresa (HHS/OASH);Huber, Valerie (HHS/OASH);Singh, Vanila (HHS/OASH);Cochran, Norris (HHS/ASFR);Moughalian, Jen (HHS/ASFR);Agnew, Ann (HHS/IOS);Robinson, Wilma (HHS/IOS);Hawkins, Jamar (HHS/OS);Shipley, Samuel (HHS/IOS);Bowles, Jamil (HHS/IOS)
Cc: Horska, Katerina (HHS/IOS);Bowman, Matthew (HHS/OGC);Manning, Lelisa (OS/IOS);Grove, Matthew R. (HHS/OS);Blakey, Carter R (HHS/OASH)
Subject: OASH Briefing with Policy Team - [MATERIALS ATTACHED]
Attachments: 6-29-17 Policy Team Report.docx, OASH Week Ahead Report_6.22.17.docx, one-pager.docx, tick-faca-timeline - revised.docx



Purpose: Continuation meeting with Counselors.

Meeting Participants:

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POC: Geraldine Adair, 202-260-6149

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To: Cochran, Norris (HHS/ASFR);Moughalian, Jen (HHS/ASFR);Stannard, Paula (HHS/IOS);Agnew, Ann (HHS/IOS);Robinson, Wilma (HHS/IOS);Hawkins, Jamar (HHS/OS);Shiple, Samuel (HHS/IOS);Wright, Don (HHS/OASH);Lapinski, Mary-Sumpter (HHS/IOS);Horn, Wade (HHS/IOS) (CTR);Valentine, Steven (HHS/IOS);Bell, Kathryn (HHS/IOS);Manning, Teresa (HHS/OASH)
Cc: Bowman, Matthew (HHS/OGC);Manning, Lelisa (OS/IOS)
Subject: OASH Briefing with Policy Team - [MATERIALS ATTACHED]
Attachments: 6-2-17 Policy Team Report.docx, OASHWeekAheadReport - 06-01-17.docx



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Cc: Bowman, Matthew (HHS/OGC); Manning, Lelisa (OS/IOS)
Subject: OASH Briefing with Policy Team - [MATERIALS ATTACHED]
Attachments: 5-26-17 Policy Team Report.docx, COAM Event Proposal Package(3).docx, OASHWeekAheadReport - 05-25-17.docx



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Sent: 26 May 2017 13:51:21 +0000
To: Stannard, Paula (HHS/IOS); Agnew, Ann (HHS/IOS); Wright, Don (HHS/OASH); Lapinski, Mary-Sumpter (HHS/IOS); Horn, Wade (HHS/IOS) (CTR); Valentine, Steven (HHS/IOS); Bell, Kathryn (HHS/IOS); Manning, Teresa (HHS/OASH); Cochran, Norris (HHS/ASFR); Moughalian, Jen (HHS/ASFR); Robinson, Wilma (HHS/IOS); Hawkins, Jamar (HHS/OS); Shipley, Samuel (HHS/IOS)
Cc: Bowman, Matthew (HHS/OGC); Manning, Lelisa (OS/IOS)
Subject: OASH Briefing with Policy Team - [MATERIALS ATTACHED]
Attachments: 5-26-17 Policy Team Report.docx, COAM Event Proposal Package(3).docx, OASHWeekAheadReport - 05-25-17.docx



Purpose: Continuation meeting with Counselors.

Meeting Participants:

Norris Cochran

Jen Moughalian

Paula Stannard

Ann Agnew

Wilma Robinson

Jamar Hawkins

Samuel Shipley

Don Wright

Steven Valentine

Mary-Sumpter Lapinski

Wade Horn

Steven Valentine

POC: Geraldine Adair, 202-260-6149

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From: Adair, Geraldine (OS/IOS)
Sent: 19 May 2017 19:25:26 +0000
To: Stannard, Paula (HHS/IOS);Wright, Don (HHS/OASH);Lapinski, Mary-Sumpter (HHS/IOS);Horn, Wade (HHS/IOS) (CTR);Valentine, Steven (HHS/IOS);Bell, Kathryn (HHS/IOS);Manning, Teresa (HHS/OASH);Cochran, Norris (HHS/ASFR);Moughalian, Jen (HHS/ASFR);Agnew, Ann (HHS/IOS);Robinson, Wilma (HHS/IOS);Hawkins, Jamar (HHS/OS);Shipley, Samuel (HHS/IOS)
Cc: Bowman, Matthew (HHS/OGC);Manning, Lelisa (OS/IOS)
Subject: OASH Briefing with Policy Team - [MATERIALS ATTACHED]
Attachments: 2017 0518.OMH FY17 FOA Forecast_Secretary's Initiative_v2.to aASH.DOCX, MorethanaNameChangeAIDS3.docx, OASHWeekAheadReport - 05-18-17.docx, 5-19-17 Policy Team Report.docx, Childhood Obesity_HWNPA.DOCX

****Please note – today’s meeting has been moved to Secretary’s conference room.****



Purpose: Continuation meeting with Counselors.

Meeting Participants:

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amar Hawkins

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POC: Geraldine Adair, 202-260-6149

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More than a Name Change: AIDS.gov to HIV.gov

The HIV.gov website will launch on Monday, June 5, 2017:

- The site is an updated version of AIDS.gov, which last year had more than 8 million unique visitors. The name change reflects the progress made in preventing and treating AIDS. It will offer improved search and sharing capability and an enhanced mobile experience.
- The date of release is significant: June 5th marks 36 years since CDC reported the first cases of AIDS.

History of AIDS.gov

- In 2006, with the support of President Bush's Domestic Policy Council, AIDS.gov was launched to provide easy access to information on the federal response to AIDS, including HIV/AIDS policies, programs, and resources, and to provide basic HIV/AIDS information. To extend this effort, AIDS.gov became an early adopter of social media for public health messaging and outreach (Facebook, Twitter, YouTube, etc.).
- Since the beginning, AIDS.gov has worked to improve our users' experience. We followed best practices for user-centered web design and became the first full federal website to use responsive design.
- AIDS.gov also provided digital technical assistance (TA) for federal and nonfederal stakeholders to help them assess whether digital tools could extend the reach and impact of their HIV programs.

AIDS.gov—Works Across the U.S. Government

- A group of more than 25 federal Departments, agencies, and programs with HIV portfolios works together on the Federal HIV/AIDS Web Council to support AIDS.gov, share information, reduce duplication, and increase cost effectiveness.
- We use social media to share insights from HHS and other federal leadership on program/policy developments and breaking news to our website and blog visitors, 350,000+ Twitter followers, and 56,000+ Facebook fans.
- We provide TA on using digital tools through social media labs, *Virtual Office Hours*, and one-on-one sessions.

Why We Are Changing Our Name: AIDS.gov to HIV.gov

- AIDS is no longer a reality for many people living with HIV.
- This reflects advances in science and medicine that now allow people with HIV who take daily medications to live without progressing to AIDS and to prevent transmission to others.
- "HIV" is now a much more common Internet search term than "AIDS."
- Many individuals living with the virus prefer to describe themselves as "people living with HIV."

Response to/Support for the Name Change

- The change was recommended by the members of the Presidential Advisory Council on AIDS (PACHA).
- We conducted 18 months of extensive stakeholder research, and received provided highly positive feedback from a diverse range of stakeholders.

Cyber Security

- HIV.gov will be hosted on Amazon Web Services, a FEDRAMP-certified, cloud-based hosting environment that meets all NIST security requirements.
- HIV.gov is categorized at a Moderate NIST level, meaning it must meet a higher number of security controls to be authorized to operate, which requires multifactor authentication to access.

Summary: The transition from *AIDS.gov* to *HIV.gov* reflects the progress that has been made in HIV prevention and care and will enhance the experience of the site's more than 8 million users.

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Childhood Obesity OASH Leadership

- The HHS Healthy Weight, Nutrition and Physical Activity (HWNPA) Working Group is a platform to promote information exchange, coordination, and collaboration among HHS divisions across the Department. Led by ASH and supported by DASH-SM. Has previously addressed issues across the lifespan.
- This WG brings together approximately 100 DC-based and Regional HHS staff on a quarterly basis.
 - Usually two or three initiatives featured at each meeting. May 23 agenda attached.
 - Members represent ACF, ACL, AHRQ, ASPA, ASPE, CDC, CMS, FDA, HRSA, IHS, NIH, OGA, , SAMHSA, PCFSN, OWH, OMH, OAH, OSG, and HHS Regional Offices
- Past featured areas of work include:
 - CDC Division of Nutrition, Physical Activity and Obesity:
 - Physical Activity Among Adults 50 plus years
 - *Making Strides*: State Report Cards on Support for Walking, Bicycling, and Active Kids and Communities
 - Strategic Priorities for Physical Activity Surveillance in the United States
 - Transportation for America Success Stories (with DOT)
 - ODPHP:
 - The Physical Activity Guidelines for Americans
 - Healthy People 2020 Mid-course Review
 - OGA: Trilateral Childhood Obesity Project with Mexico, Canada, and US. Focused on physical activity with a Plan of Action.
 - President's Council on Fitness Sports and Nutrition: #0to60 Campaign --to inspire America to start living it's healthy life right now
- OASH was approached by ASPE to help frame childhood obesity initiative, as this is already a key component of the HWNPA's mission.
 - HWNPA can provide an important cross-agency mechanism to support actions in the Strategic Plan.
 - Planning to provide two-page scoping document to policy team
- Regional Opportunities
 - E.g., OASH – Region IV Collaborative Workshop on Walkability
- HHS supports a number of grant activities related to obesity

- HRSA Maternal and Child Health Bureau: Cooperative Agreement to Support the Children's Healthy Weight Collaborative Improvement and Innovation Network (CoIIN).
- NIH/NHLBI:
 - Health Communities Study;
 - Physical Activity in Relation to Urban Environments: sedentary behavior and physical inactivity increase the risk of poor cardiovascular health.
 - Women's Health Initiative Strong & Health (WHISH) Trial: 5-year study to determine whether increasing physical activity levels lowers the chance of having a heart attack or stroke.

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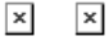
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From: Adair, Geraldine (OS/IOS)
Sent: 24 Apr 2017 18:52:32 +0000
To: Stannard, Paula (HHS/IOS);Wright, Don (HHS/OASH);Lapinski, Mary-Sumpter (HHS/IOS);Horn, Wade (HHS/IOS) (CTR);Valentine, Steven (HHS/IOS);Cochran, Norris (HHS/ASFR);Moughalian, Jen (HHS/ASFR);Agnew, Ann (HHS/IOS);Robinson, Wilma (HHS/IOS);Hawkins, Jamar (HHS/OS);Shipley, Samuel (HHS/IOS)
Subject: OASH Briefing with Policy Team - [MATERIALS ATTACHED]
Attachments: OASHWeekAheadReport - 04-20-17.docx, 4-21-17 Policy Team Report.docx

Meeting Materials:



Purpose: Continuation meeting with Counselors.

Meeting Participants:

Norris Cochran
Jen Moughalian
Paula Stannard
Ann Agnew
Wilma Robinson
Jamar Hawkins
Sam Shipley
Don Wright
Jon Bardis
Mary-Sumpter Lapinski
Wade Horn – will dial in
Steve Valentine

POC: Geraldine Adair, 202-260-6149

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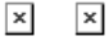
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From: Adair, Geraldine (OS/IOS)
Sent: 20 Apr 2017 20:22:01 +0000
To: Stannard, Paula (HHS/IOS);Wright, Don (HHS/OASH);Lapinski, Mary-Sumpter (HHS/IOS);Horn, Wade (HHS/IOS) (CTR);Valentine, Steven (HHS/IOS);Cochran, Norris (HHS/ASFR);Moughalian, Jen (HHS/ASFR);Agnew, Ann (HHS/IOS);Robinson, Wilma (HHS/IOS);Hawkins, Jamar (HHS/OS);Shipley, Samuel (HHS/IOS)
Subject: OASH Briefing with Policy Team - [MATERIALS ATTACHED]
Attachments: OASHWeekAheadReport - 04-20-17.docx, 4-21-17 Policy Team Report.docx

Meeting Materials:



Purpose: Continuation meeting with Counselors.

Meeting Participants:

Norris Cochran
Jen Moughalian
Paula Stannard
Ann Agnew
Wilma Robinson
Jamar Hawkins
Sam Shipley
Don Wright
Jon Bardis
Mary-Sumpter Lapinski
Wade Horn – will dial in
Steve Valentine

POC: Geraldine Adair, 202-260-6149

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From: Adair, Geraldine (OS/IOS)
Sent: 14 Apr 2017 14:24:32 +0000
To: Stannard, Paula (HHS/IOS);Wright, Don (HHS/OASH);Lapinski, Mary-Sumpter (HHS/IOS);Horn, Wade (HHS/IOS) (CTR);Valentine, Steven (HHS/IOS);Cochran, Norris (HHS/ASFR);Moughalian, Jen (HHS/ASFR);Agnew, Ann (HHS/IOS);Robinson, Wilma (HHS/IOS);Hawkins, Jamar (HHS/OS);Shipley, Samuel (HHS/IOS)
Subject: OASH Briefing with Policy Team - [MATERIALS ATTACHED]
Attachments: 4-14-17 Policy Team Report cb.docx, OASHWeekAheadReport - 04-13-17.docx, RAM USPHS 04.13.2017 FINAL WhitePaper.docx, Trafficking Draft OASH Activities (2).docx

Meeting Materials:



Purpose: Continuation meeting with Counselors.

Meeting Participants:

Norris Cochran
Jen Moughalian
Paula Stannard
Ann Agnew
Wilma Robinson
Jamar Hawkins
Sam Shipley
Don Wright
Jon Bardis
Mary-Sumpter Lapinski
Wade Horn
Steve Valentine

POC: Geraldine Adair, 202-260-6149

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USPHS and Remote Area Medical Dental/Medical Support Mission in Chattanooga, TN

The U.S. Public Health Service (USPHS) Commissioned Corps is the only uniformed service of the federal government tasked with responding to the nation's public health emergencies. The USPHS deploys to our nation's public health emergencies by using a tiered response system of teams prepared to implement clinical, public health, and safety missions. USPHS readiness requirements are defined by 42 USC 204a (b)(3) to— "ensure that members of the Commissioned Corps are trained, equipped and otherwise prepared to fulfill their public health and emergency response roles." Commissioned Corps' readiness and deployment operations are managed through the Division of Commissioned Corps Personnel and Readiness (DCCPR). This division is tasked with developing the preparedness program to ensure officers are ready to deploy when called.

The Remote Area Medical Volunteer Corps (RAM)

RAM Volunteer Corps, based out of Knoxville, TN, was founded in 1985. RAM serves the nation as a non-profit, volunteer, airborne relief corps dedicated to serving nationally and internationally by providing free health care, dental care, and eye care, through the operation of mobile medical clinics. These mobile clinics deliver free, high-quality vision, dental and medical services to children, individuals and families who do not have access to affordable healthcare. No-cost services are provided to communities with an average 800 patients per 20-hour event with an understood value of \$300,000.00 – 400,000.00.

The Partnership

The USPHS is partnering with Remote Area Medical (RAM) on June 2-4, 2017, to provide qualified personnel support for dental, vision, medical and mental healthcare in underserved communities of Chattanooga, TN. This combined training event with RAM and USPHS will strengthen the partnership established through a Memorandum of Understanding (MOU) between HHS, USPHS, and RAM while meeting critical healthcare delivery needs in Chattanooga, TN.

The mission demonstrates USPHS responsiveness to the American people. It strengthens the Commissioned Corps' capability for providing efficient and effective healthcare to underserved communities and improves capacity to respond during public health emergencies.



USPHS and RAM providing free eye exams with glasses and dental care.

History of USPHS and RAM

- Initiated in 2009 resulting in delivery of 7 national events
- Targets dental, vision, medical and mental health activities
- Provides training and exercise platform for USPHS officers and USPHS tiered deployment teams
- Established MOU in 2016 to leverage resources to aid in fulfilling mutual missions

Why Chattanooga?

Chattanooga has a 20% uninsured rate among its population of 170,000. Between 2004 and 2011, the number of uninsured patients admitted to Hamilton County hospitals and emergency rooms doubled, with more than 48,000 uninsured people admitted to local hospitals in 2011. More people in Hamilton County die of heart disease, cancer, stroke, respiratory disease and diabetes than the U.S. average.

- Only 54% of Hamilton County adults have received dental care, with 22% of adults over age 65 report all teeth lost
- Over 40% of adults have high blood pressure
- 30% of Hamilton County residents are overweight or obese
- Hamilton County residents reported poorer rates of mental health than that of the national average



Picture demonstrates a RAM event with community members waiting in line for healthcare.



This data is indicative of ongoing need for primary and preventive care in this underserved area. The USPHS with the mission of “protecting, promoting, and advancing the health and safety of the nation” is well poised to augment healthcare service delivery through this mission with RAM.

Impact of USPHS RAM Mission in Chattanooga, TN

- Aids in fulfilling mutual mission to help people live healthier lives
- Addresses healthcare needs in underserved communities
- Supports multiple HHS strategic initiatives
- Serves as low-cost mechanisms to meet training and exercise requirement for the USPHS Commissioned Corps

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Sent: 7 Apr 2017 16:05:01 +0000
To: Stannard, Paula (HHS/IOS);Wright, Don (HHS/OASH);Lapinski, Mary-Sumpter (HHS/IOS);Horn, Wade (HHS/IOS) (CTR);Valentine, Steven (HHS/IOS);Agnew, Ann (HHS/IOS);Cochran, Norris (HHS/ASFR);Moughalian, Jen (HHS/ASFR);Robinson, Wilma (HHS/IOS);Hawkins, Jamar (HHS/OS);Shipley, Samuel (HHS/IOS)
Cc: Swenson-O'Brien, Alicia (HHS/OS)
Subject: OASH Briefing with Policy Team - [MATERIALS ATTACHED]
Attachments: 4-7-17 Policy Team Report.docx, OASHWeekAheadReport - 04-06-17.docx, aASH two pager3.29.2017.docx, Advisory Councils, Committees etc..docx

Meeting Materials:



Purpose: Continuation meeting with Counselors.

Meeting Participants:

Norris Cochran
Jen Moughalian
Paula Stannard
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Steve Valentine

POC: Geraldine Adair, 202-260-6149

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The **OASH Regional Health Administrators** (RHAs) serve as the lead federal official for public health and science in each region. Using their regional expertise and networks, RHAs catalyze public health action to impact leading health indicators by serving as extensions and spokespersons for OASH, as well as fostering coordination and collaboration around HHS priorities across Federal departments. A snapshot of some regional initiatives highlights the diversity of a region-focused approach to public health:

Region I: Women and opioids

Current research shows 1) higher rates of opioid prescriptions for women, 2) swifter acclimation of women's biology to opioids and thus a much quicker rate of addiction, and 3) a rising rate of opioid overdose and death for women in New England. In response to this urgent public health issue, OASH Region I (New England) launched and is leading a regional, 6-state collaboration with SAMHSA, HRSA, CDC and CMS to support the New England states in finalizing a work plan that will optimize the use of federal and state resources to address addiction, and share best practices tailored for women.

Region II: Regional Fiscal Accountability

When Puerto Rico, the US Virgin Islands, and the US Affiliated Pacific Islands are challenged with optimizing management of federal funds, opportunities for provision of services are lost, placing greater strain on already-stressed health systems and negatively impacting population health. Region II, Region IX and other HHS leadership (OASH, ACF, ACL, CMS, HRSA, SAMHSA) convene regularly, reporting to the HHS Insular Affairs Policy Group, to achieve a cross-departmental view of common issues and to identify recommendations to improve fiscal accountability.

Region III: West Virginia Management of Maternal Smoking (WVMOMS)

West Virginia (WV) has the highest rate of tobacco use among pregnant women in the United States. In December 2015, Region III OASH convened HHS leaders (CDC, FDA, CMS, SAMHSA and NIH) and state and local public health, behavioral health, maternal and child health, and Medicaid leaders. Three cross-cutting teams implemented recommendations from this meeting, resulting in: WV raising its tobacco tax effective July 1, 2016 from .55 to \$1.20; requiring health boards to conduct annual tobacco cessation continuing medical education credits; Identifying a contractual quality measure for all Managed Care Organizations (MCOs) regarding smoking cessation standards and expectation, and creating a fact sheet for MCOs that outlined coverage for pregnant smokers; and increasing referrals through provider education, training, and outreach. From 2014 to 2016, the rate of prenatal smoking in WV dropped from 28.2 percent to 24.2 percent.

Region IV: Human Trafficking

Atlanta was named by the FBI as one of 14 US cities with the highest rate of children used in prostitution. In 2015, OASH Region IV trained over 42 school counselors, nurses and social workers in Georgia's third largest school district on how to identify, treat, and respond appropriately to potential victims and survivors of human trafficking. The training, called SOAR (Stop. Observe. Ask. Respond to Human Trafficking) was also provided to 50 community leaders, students, clergy and law enforcement officials. In 2017, Region IV will host an additional training for professionals at Cobb and Gwinnett School Districts. Partners: OWH, ACF, OMH, RHA, GA stakeholders.

Region V: Public Health Approach to Substance Misuse and Addictions

In partnership with Region V SAMHSA and HRSA colleagues and ASTHO, the Regional Health Administrator is convening a meeting in Indianapolis, IN on May 11-12 with State Health Officials and their State stakeholders. National experts and the ASTHO president will lay the foundation for sharing successful public health strategies to improve surveillance and epidemiology, prevent adolescent

substance misuse and addiction, and to address the unique needs of rural communities so that stakeholders will develop action steps to advance work in their States.

Region VI: Tribal Youth Suicide Prevention

Suicide rates in Oklahoma are 2-3 times higher than the national average. Region VI RHA partnered with 4 Federal agencies (SAMHSA, IHS, OAH, ORD) and all 39 Oklahoma tribes to convene the Oklahoma Tribal Youth Suicide Prevention Summit in Fall 2016 to collectively improve the emotional health and well-being of Native Americans in the region. In 2017, the partners will review and identify successful programs as well as convene two focus groups at the annual Region VI Tribal Consultation to develop a culture-specific curriculum Youth Mental Health First Aid Course for Native Americans.

Region VII: Community Health Representatives' (CHRs) Roles in Delivering Health Messaging to Increase Vaccine Rates among American Indian/Alaska Native Populations

To impact the low immunization rates by Native Americans, in September 2014, OASH and IHS trained CHRs to deliver health communications regarding influenza and adult vaccinations to tribal communities residing in the Great Plains and Oklahoma City Indian Health Service (IHS) Areas, HHS Regions VI, VII and VIII. From 2015-2016, OASH funded and aided in the development of video and radio public service announcements (PSAs), and other campaign materials to increase community awareness and engagement around immunizations. To date, 40 CHR's have received training. Radio and video PSA's have been aired approximately 8000 times in over 200 locations. An evaluation to assess performance and improve the project is slated for September 2017.

Region VIII: Regional Opioid Consultation Team and Place-based Consultation Toolkit

OASH and SAMHSA co-chair the Opioid Consultation Team which includes CMS, HRSA, ACL, FDA, IHS, IEA, USDA, VA, and HUD, and meets regularly with state leadership to provide a forum for education and cross-jurisdiction sharing. Members of this team are completing an HHS Ignite! Project that will develop a place-based consultation toolkit, building on a model piloted in Utah. The toolkit will assist communities to easily identify local leadership and organizations to bring together to address the opioid crisis, reducing silos and maximizing impact.

Region IX: A Common Formulary for the US Affiliated Pacific Islands

Due to limited resources and remote geography, the US Affiliated Pacific Islands (USAPI) have struggled to ensure essential pharmaceuticals and medical supplies. Since September 2015, Region IX has partnered with the PSC/Medical Supply Center to provide direct technical assistance to USAPI to develop a common formulary, which will reduce price variability, ensure shipment of longer shelf life products, and prevent supply chain interruptions. Outcomes to date include an increase from 60% to 95% on-time delivery to Guam, implementation of web-based ordering, and concrete steps toward achieving accurate forecasting for a 12 month supply.

Region X: Heart Health Event in Partnership with the Western States Affiliate of the American Heart Association

Region X OASH was approached by the Western States Affiliate of the American Heart Association to partner on an event in June to provide health promotion messages to the diverse communities who live in the South King County and North Pierce County area. This event will cover a variety of heart health topics with planned keynotes on Atrial Fibrillation and the HHS Million Hearts campaign and will draw attendees from service providers at multiple levels (i.e. community health workers, social workers, clinicians, and other public health professionals) with targeted outreach to those who serve communities which are disproportionately affected by heart disease.

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Sent: 5 Jan 2018 15:07:09 +0000
To: Moughalian, Jen (HHS/ASFR);Stannard, Paula (HHS/IOS);Agnew, Ann (HHS/IOS);Robinson, Wilma (HHS/IOS);Hawkins, Jamar (HHS/OS);Shipley, Samuel (HHS/IOS);Wright, Don (HHS/OASH);Bardis, John (HHS/ASA);Lapinski, Mary-Sumpter (HHS/IOS);Horn, Wade (HHS/IOS) (CTR);Valentine, Steven (HHS/OASH);Huber, Valerie (HHS/OASH);Singh, Vanila (HHS/OASH);Bell, Kathryn (HHS/IOS);Manning, Teresa (HHS/OASH);Palmer, Ashley (OS/ASFR);Adams, Jerome (HHS/OASH);Street, Amanda (HHS/IOS)
Cc: Bowman, Matthew (HHS/OGC);Manning, Lelisa (OS/IOS);Blakey, Carter R (HHS/OASH);Vafiades, Mark (HHS/OASH);Pence, Laura (HHS/IOS);Kemper, Laura (HHS/ASL);Stevenson, Monica L (HHS/OASH);Manning, Marcus (HHS/OASH);Carr, Nicole (OS/OASH);Adams, C. Renee (HHS/OASH/OSG)
Subject: OASH Briefing with Policy Team - [MATERIALS ATTACHED]
Attachments: 1-4-18 Policy Team Report.docx, OASH Week Ahead Report_1.8.18.docx



Purpose: Continuation meeting with Counselors.

Meeting Participants:

Jen Moughalian
Paula Stannard
Ann Agnew
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From: Policy Briefings Scheduler (OS/IOS)
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To: Moughalian, Jen (HHS/ASFR);Stannard, Paula (HHS/IOS);Agnew, Ann (HHS/IOS);Robinson, Wilma (HHS/IOS);Hawkins, Jamar (HHS/OS);Shipley, Samuel (HHS/IOS);Wright, Don (HHS/OASH);Bardis, John (HHS/ASA);Lapinski, Mary-Sumpter (HHS/IOS);Horn, Wade (HHS/IOS) (CTR);Valentine, Steven (HHS/IOS);Huber, Valerie (HHS/OASH);Singh, Vanila (HHS/OASH);Bell, Kathryn (HHS/IOS);Manning, Teresa (HHS/OASH);Jilani, Shahla (HHS/IOS);Palmer, Ashley (OS/ASFR);Adams, Jerome (HHS/OASH)
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Purpose: Continuation meeting with Counselors.

Meeting Participants:

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From: Policy Briefings Scheduler (OS/IOS)
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Purpose: Continuation meeting with Counselors.

Meeting Participants:

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